SI. No.	State/Union Territory	Approved RNTCP population (millions)
14.	Himachal Pradesh	6.1
15.	Jammu and Kashmir	6.31
16.	Jharkhand	11.5
17.	Kamataka	47.3
18.	Kerala	31.8
19.	Lakshadweep	0.1
20	Madhya Pradesh	45.5
21.	Maharashtra	96.8
22.	Manipur	2.4
23.	Meghalaya	1.6
24.	Mizoram	0.8
25.	Nagaland	2.0
26.	"Orissa	13.9
27.	Pondicherry	0.7
28.	Punjab	14.8
29.	Rajasthan	56.4
30.	Sikkim	0.5
31.	Tamil Nadu	62.1
32.	Tripura	2.3
33.	Uttar Pradesh	107.7
34.	Uttaranchai	1.9
35.	West Bengal	80.2
	Total	789.6

Delhi High Court's direction on treatment facilities

466. SHRI P. PRABHAKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Delhi High Court has recently directed Government tc address properly the issue of treatment facilities of the Central Government Employees (including pensioners) in private hospitals where the cases were referred by the C.G.H.S. authorities;

(b) if so, the details thereof;

(c) whether follow-up action has been taken in this regard to give effect to the High Court directive; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The Hon'ble Delhi High Court *vide* judgement dated 30.5.2002 in Civil Writ Petition No. 4754/1996 filed byT.S. Oberoi *versus* Union of India and another had given observations and directions in para 11 of the said order as under:—

"In may view, it is high time that the Central Government/CGHS authorities, while conferring the status of recognised Government speciality hospital should renegotiate the package rates for various procedures and treatments. The private hospitals receive several benefits from the State in terms of allotment of land at concessional rates, exemption or benefits of concessional custom duties in import of surgical, diagnostic, medical and other equipments and consumables. More often than not the stipulations and directive to the private hospitals for providing a certain percentage of free rooms or treatment for economically weaker sections are not implemented. A large number of Government and public sector employees are referred to private speciality hospital for treatment. It is for the CGHS authorities to negotiate with the private hospitals from a position of strength, so that discounter package rates and advantegeous terms are offered to employees for different procedures irrespective of some individual variation in the treatment. The authorities can also endeavour to have a modified package for cases entailing extra stay or repeat procedures. This is especially so, when the public hospitals are not in a position to cater to the requirements and meet the ever increasing demand with adequate facilities not being available. An earnest endeavour is required on the part of the Central Government to arrive a better negotiated terms for itself and its employees."

In view of the above, the Hon'ble Court *vide* para 13 of the order has directed the respondents *viz.* Union of India to file an action taken report in respect of the observations and directions given in para 11 of the order brought out above, within four months from the date of order (30.5.2002).

(c) and (d) The Government while recognising private hospitals under CGHS Delhi, have signed a Memorandum of Agreement (MoA) with the hospitals. One of the conditions in the MoA is that the private hospitals/ diagnostic centres recognised under CGHS will not charge more than the ceiling rates fixed by the CGHS for various medical procedures/tests/ investigations in O.M. dated 7.9.2001 for a period of two years from the date of issue of the O.M. Further, all future recognition of private hospitals under CGHS, Delhi would be in accordance with the provisions contained in the MoA.

Hon'ble Delhi High Court has given four months time to the U.O.I, to file an ATR on the orders given on 30.5.2002.

Agency responsible for procurement of medicines

†467. SHRI RAMA SHANKER KAUSHIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the agency responsible for procurement of medicines for Central and State Government establishments and for para-military forces;

(b) who exercise control over such agency;

(c) whether some companies are supplying spurious medicines to Government;

(d) if so, the names thereof; and

(e) the action taken, so far, by the Government against the Government agency and companies involved in such illegal activities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (e) Medical Store Organisation (MSO) with its depots at Delhi, Karnal, Mumbai, Chennai, Guwahati, Hyderabad and Kolkata procure medicines on indent for Central Government and para-military forces. MSO works under the Administrative Control of Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India.

Before approving any drug for supply, samples of every batch of the drug are tested at two different Government approved testing laboratories and only after receipt of satisfactory report, the drugs are accepted for supply. If a drug is found to be defective, its purchase is banned for three

†Original notice of the Question was received in Hindi.